



APPLICATION FOR BUILDING PERMIT

CITY OF FARMINGTON, MISSOURI

PERMIT NO. _____

PARCEL NO. _____ ZONING _____

ADDRESS/LOCATION _____

SUBDIVISION _____ LOT _____ BLOCK _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

OWNER(S) _____ PHONE _____

OWNER ADDRESS _____

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY LICENSE # _____

DESIGN PROFESSIONAL _____ PHONE _____

DESIGN PROFESSIONAL ADDRESS _____

PROJECT DESCRIPTION _____

CONST. TYPE _____ USE GROUP _____ OCCUPANT LOAD _____ CONST. VALUE \$ _____

TYPE OF WORK

☐ NEW
☐ ADDITION
☐ ALTERATION
☐ CHANGE OF USE
☐ OTHER _____

HEIGHT AND AREA

LOT/SITE AREA _____ SQFT
 BUILDING AREA _____ SQFT
 LENGTH _____ FT
 WIDTH _____ FT
 HEIGHT _____ FT
 STORIES _____

RESIDENTIAL UNIT TYPE

☐ SINGLE-FAMILY
☐ TWO-FAMILY
☐ MULTI-FAMILY

UTILITIES

WATER SERVICE _____ INCH
 SEWER SERVICE _____ INCH
 ELECTRIC SERVICE _____ AMP

MECHANICAL EQUIPMENT

☐ ELECTRIC HEAT
☐ GAS HEAT
☐ OTHER _____

ELECTRIC SERVICE

☐ OVERHEAD
☐ UNDERGROUND

FIRE PROT. SYS.

☐ FIRE EXTINGUISHERS
☐ SPRINKLERS
☐ SMOKE ALARMS
☐ HOOD SYSTEM
☐ OTHER _____

NUMBER OF PLUMBING FIXTURES

WATER CLOSETS _____
 LAVATORIES _____
 SHOWERS _____
 TUBS _____
 OTHER _____

NUMBER OF PARKING SPACES

OFF-STREET _____
 ON-STREET (DOWNTOWN) _____
 COMPACT _____
 DISABLED ACCESSIBLE _____
 VAN ACCESSIBLE _____

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THIS BUILDING PERMIT. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN THE DELAY OF PLAN REVIEW AND PERMIT APPROVAL.

SIGNATURE: _____ DATE: _____